

EXHIBIT I

Claim No. 21611001002 ✓

DURABLE POWER OF ATTORNEY FOR FINANCES

I, Kenneth Richard Henke, am of sound mind, and I
(Print or type your full name)

voluntarily make this designation. I revoke any financial powers of attorney I have
signed in the past

APPOINTMENT OF AGENT

I designate Susan Diane Sawyer my Friend,
(Insert name of agent) (Spouse, child, friend)

living at 264 West Ross St Highland MI 48357

to act for me as my agent, with the powers set forth in this document. If my first choice
cannot serve or cannot continue to serve, I designate Sheryl Fisher,
(Name of successor agent)

my Daughter, living at 25814 Ryan Rd Warren MI 48091
(Spouse, child, friend)

to act for me as my agent. I have discussed this appointment with the individual or
individuals I have designated

EFFECTIVE DATE

(You must choose one paragraph by writing your initials on the line)

KRH My agent has the powers set forth in this document immediately upon
my signing it. These powers shall not be affected by any mental or physical disability I
may have in the future

or

_____ My agent shall only have the powers set forth in this document when it
is determined I am unable to manage my property and financial affairs effectively. That
determination shall be made by my attending physician, who shall put it in writing.

POWERS

My agent shall exercise powers in my best interests and for my welfare as a fiduciary. My agent shall have the following powers:

1 **BANKING** - To receive funds, deposit funds in any financial institution, and make withdrawals by check or otherwise to pay for goods, services, and any other personal and business expenses for my benefit. To effect her or his powers, my agent has power to sign a power of attorney drafted by the institution, and shall have access to my safe deposit box.

2 **GOVERNMENT BENEFITS** - To apply for and receive any government benefits for which I may be eligible or become eligible, including but not limited to, Social Security, Medicare and Medicaid.

3 **INVESTMENTS** - To invest and reinvest my funds, and to withdraw funds to the extent needed to pay for my needs.

4 **RETIREMENT PLAN** - To contribute to, select payment option of, roll-over, and receive benefits of any retirement plan or IRA, except my agent shall not have power to change the beneficiary of any plan or IRA.

5 **TAXES** - To complete and sign any local, state and federal tax returns, pay any taxes and assessments due and receive credits and refunds, to sign any IRS documents necessary to effectuate these powers.

6 **INSURANCE** - To purchase, pay premiums and make claims on life, health, automobile and homeowners' insurance, except my agent shall not have the power to cash in or change the beneficiary of any life insurance policy.

7 **REAL ESTATE** - To purchase, sell, lease, repair, improve, mortgage, and make mortgage and utility payments upon real property. A legal description is attached.

8 PERSONAL PROPERTY - To hold personal property for safekeeping, and to buy and sell personal property, including motor vehicles

9 LEGAL ADVICE AND PROCEEDINGS - To obtain and pay for legal advice, to initiate or defend legal and administrative proceedings on my behalf, including actions against third parties who refuse without cause to honor this document

10. ESTATE PLAN - My agent has no authority to make or amend a will on my behalf, and has no power to make gifts on my behalf except to my spouse. My agent has access to my will, in exercising powers, my agent shall take into account my estate plan as known to the agent

SPECIAL INSTRUCTIONS

On the following lines are any special instructions limiting or extending the powers I give to my agent To ACT ALSO AS patient Advocate
for Health Care. Susan shall also be my
Trustee During the Distribution of my Estate.

OTHER PROVISIONS

No person in Michigan or in any other state who relies upon representations of my agent under this durable power of attorney shall be liable to me or my estate without actual knowledge my agent did not have power to act

My agent shall not incur any liability to me under this power except for a breach of fiduciary duty

My agent is entitled to reimbursement for reasonable expenses incurred in exercising powers, and to reasonable compensation for services as agent

I can amend or revoke this power of attorney through a writing delivered to my agent. Revocation is not effective as to a third party until the third party learns of it.

Photocopies of this document can be relied upon as though they were originals.

SIGNATURE OF PRINCIPAL

I sign this document voluntarily, and I understand its purpose.

Dated 10/2/2014 Signed Kenneth R. Henke
(Your signature)
2035 Huff Rd Johannesburg MI 48175
(Address)

STATEMENT AND SIGNATURE OF WITNESSES

We sign below as witnesses. This declaration was signed in our presence. The declarant appears to be of sound mind, and to be making this designation voluntarily, without duress, fraud or undue influence. Neither of us is an agent named in this document.

Beverly Laway Beverly Laway
(Print name) (Signature of witness)
870 S Main Cheboygan MI 49721
(Address)
Judy Arnold Judy Arnold
(Print name) (Signature of witness)
870 S Main Cheboygan MI 49721
(Address)

SIGNATURE OF NOTARY

Sworn to and signed by Kenneth R Henke this 2 day of October 2014
B. Laway
(Signature of notary public)
County Cheboygan - State of Michigan
My commission expires 9-5-17